

General

Title

Parkinson's disease: percentage of patients with a diagnosis of Parkinson's disease (or caregiver[s], as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

Source(s)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Tonn S, Swain-Eng R, Factor SA, Weiner WJ, Bever CT Jr, American Academy of Neurology Parkinson Disease Measure Development Panel. Quality improvement in neurology: AAN Parkinson disease quality measures: report of the Quality Measurement and Reporting Subcommittee of the American Academy of Neurology. *Neurology*. 2010 Nov 30;75(22):2021-7. [PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with a diagnosis of Parkinson's disease (or caregiver[s], as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

Rationale

Autonomic dysfunction is common in Parkinson's disease (PD) and manifests most commonly as orthostatic hypotension (45%), constipation (70%), urinary dysfunction (40%), and erectile dysfunction (55%). These symptoms can be disabling. Orthostasis can lead to syncope and secondary injury and may be the result of disease or therapy. Adjustments in medications or addition of pressor agents can be very effective in treating this problem. Constipation may be the result of medication (particularly anticholinergics or amantadine) or disease. The extreme effect may be bowel obstruction, which is extremely serious. This manifestation should be treated aggressively. Urinary difficulties are disabling (preventing patients from leaving home) and embarrassing to patients and include increased frequency, urgency, incomplete emptying, and obstruction. These difficulties could be due to medications (anticholinergics or amantadine), PD, or other ailments afflicting the elderly. Proper referral to a urologist would be important. Erectile dysfunction may be medication- or disease-related and could be addressed with medication adjustment or consultation with urology. Addressing these issues will have a large impact on morbidity and mortality and prevent hospitalizations. This would, in turn, reduce costs of caring for PD patients.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Determining the presence of the following clinical features in early stages of disease should be considered to distinguish PD from other parkinsonian syndromes: 1) falls at presentation and early in the disease course, 2) poor response to levodopa, 3) symmetry at onset, 4) rapid progression (to Hoehn and Yahr stage 3 in 3 years), 5) lack of tremor, and 6) dysautonomia (urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, persistent erectile failure, or symptomatic orthostatic hypotension). (Level B) (AAN QSS PD, Apr 2006)

People with PD should be treated appropriately for the following autonomic disturbances: urinary dysfunction; weight loss; dysphagia; constipation; erectile dysfunction; orthostatic hypotension; excessive sweating; sialorrhoea. (Level D) (NICE GL35, Jun 2006)

All veterans with PD should be reassessed for complications of PD (including, but not limited to functional status, excessive daytime somnolence, speech and swallowing difficulties, dementia, depression, and psychosis) at least on an annual basis. (Cheng #10 [Reassessment for complications for PD], 2004)

Evidence for Rationale

Allcock LM, Ulliyart K, Kenny RA, Burn DJ. Frequency of orthostatic hypotension in a community based cohort of patients with Parkinson's disease. J Neurol Neurosurg Psychiatry. 2004 Oct;75(10):1470-1. [PubMed](#)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Chaudhuri KR, Healy DG, Schapira AH, National Institute for Clinical Excellence. Non-motor symptoms of Parkinson's disease: diagnosis and management. Lancet Neurol. 2006 Mar;5(3):235-45. [141 references] [PubMed](#)

Cheng EM, Siderowf A, Swartztrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. Mov Disord. 2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Edwards LL, Pfeiffer RF, Quigley EM, Hofman R, Balluff M. Gastrointestinal symptoms in Parkinson's disease. Mov Disord. 1991;6(2):151-6. [PubMed](#)

Magerkurth C, Schnitzer R, Braune S. Symptoms of autonomic failure in Parkinson's disease: prevalence and impact on daily life. Clin Auton Res. 2005 Apr;15(2):76-82. [PubMed](#)

National Collaborating Centre for Chronic Conditions. Parkinson's disease. National clinical guideline for diagnosis and management in primary and secondary care. London (UK): Royal College of Physicians; 2006. 237 p. [418 references]

Singer C, Weiner WJ, Sanchez-Ramos JR. Autonomic dysfunction in men with Parkinson's disease. *Eur Neurol.* 1992;32(3):134-40. [PubMed](#)

Suchowersky O, Reich S, Perlmutter J, Zesiewicz T, Gronseth G, Weiner WJ, Quality Standards Subcommittee of the American Academy of Neurology. Practice parameter: diagnosis and prognosis of new onset Parkinson disease (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology.* 2006 Apr 11;66(7):968-75. [47 references] [PubMed](#)

Primary Health Components

Parkinson's disease; querying of patient/caregiver; autonomic dysfunction symptoms (orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, persistent erectile failure)

Denominator Description

All patients with a diagnosis of Parkinson's disease (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients (or caregiver[s], as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

At least once per year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with a diagnosis of Parkinson's disease

Exclusions

Documentation of medical reason for not querying patient (or caregiver[s], as appropriate) about symptoms of autonomic dysfunction at least annually (e.g., patient is unable to respond and no informant is available)

Note: Refer to the original measure documentation for administrative codes.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients (or caregiver[s], as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually

Note: Refer to the original measure documentation for administrative codes.

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #4: querying about symptoms of autonomic dysfunction.

Measure Collection Name

Parkinson's Disease Physician Performance Measurement Set

Submitter

American Academy of Neurology - Medical Specialty Society

Developer

American Academy of Neurology - Medical Specialty Society

Funding Source(s)

American Academy of Neurology

Composition of the Group that Developed the Measure

Co-Chairs: William Weiner, MD, FAAN; Stewart Factor, DO, FAAN

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American Association of Neurosurgeons/Congress of Neurological Surgeons: Karl Sillay, MD

American Neurological Association: Blair Ford, MD, FAAN

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American Academy of Neurology Staff: Rebecca Swain-Eng, MS; Sarah Tonn, MPH

Financial Disclosures/Other Potential Conflicts of Interest

Dr. Cheng serves as a consultant for the National Parkinson Foundation and receives research support from the NIH/NINDS (K23NS058571 [PI]), the VA Parkinson's Disease Research, Education, and Clinical Center, the Department of Veterans Affairs, the California Office of Statewide Planning and Development, the National Multiple Sclerosis Society, and the American Heart Association.

Ms. Tonn is a full-time employee of the American Academy of Neurology (AAN) and served as project director for AAN grants from Pfizer Inc. and the CDC.

Ms. Swain-Eng is a full-time employee of the AAN.

Dr. Factor has served on scientific advisory boards for Lundbeck Inc., Allergan, Inc., and UCB; serves as a section editor for *Current Treatment Options in Neurology*; receives royalties from the publication of *Parkinson's Disease Diagnosis and Clinical Management* (Demos, 2008) and *Drug Induced Movement Disorders* (Blackwell Futura, 2005); has given expert testimony, prepared affidavits, and served as a consultant for Boehringer Ingelheim; and receives research support from Teva Pharmaceutical Industries Ltd., Ipsen, UCB, and Schering-Plough Corp.

Dr. Weiner has served on scientific advisory boards for Santhera Pharmaceuticals and Rexahn Pharmaceuticals, Inc.; serves on the editorial boards of *Parkinsonism and Related Disorders* and *Neurological Reviews*, and as Editor of *Treatment Options in Neurology*; receives royalties from the publication of *Neurology for the Non-Neurologist* (6th edition, Kluwer/Lippincott 2010), *Parkinson's Disease: A Complete Guide for Patients and Family* (Hopkins University Press 2nd edition, 2007), and *Handbook of Clinical Neurology Hyperkinetic Disorders* (Elsevier, 2011); has received honoraria from Santhera Pharmaceuticals and Novartis; has received research support from Novartis, Santhera Pharmaceuticals, Boehringer Ingelheim, and has provided expert testimony and served as a subject matter expert in legal proceedings.

Dr. Bever serves on the editorial board of the *MS Quarterly Report*; is listed as a co-inventor on and receives royalties from Abraxis BioScience, Inc. for a pending patent regarding use of hematogenous stem cells in neuronal replacement therapy and gene delivery; receives royalties from the publication of *Ambulatory Medicine* (Lippincott Williams & Wilkins, 7th edition, 2006); and has received research support from the Department of Veterans Affairs and the National MS Society.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2009 Dec

Measure Maintenance

This measurement set will be revised periodically with an extensive review every 3 years.

Date of Next Anticipated Revision

2012 Dec

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source available from the [American Academy of Neurology \(AAN\) Web site](#) .

For more information, contact AAN at 201 Chicago Avenue, Minneapolis, MN 55415; Phone: 800-879-1960; Fax: 612-454-2746; Web site: www.aan.com .

NQMC Status

This NQMC summary was completed by ECRI Institute on December 16, 2011. The information was verified by the measure developer on January 30, 2012.

The information was reaffirmed by the measure developer on April 15, 2016.

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Production

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